

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 725749 (6)

1. Corporation Name  
**MARBELLA APARTMENTS CONDOMINIUMS ASSOCIATION, INC.**



Principal Place of Business: 900 S.W. 84TH AVE. MIAMI FL 33155  
Mailing Address: 8299 CORAL WAY MIAMI FL 33155

3. Date Incorporated or Qualified: 03/08/1973  
3a. Date of Last Report: 06/06/1995  
4. FEI Number: 59-1462704  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 33144  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**PROPERTY MANAGEMENT SERVICES CORP.  
8299 CORAL WAY  
MIAMI FL 33155**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BLANCA, GEORGINA	
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 216	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BARRIOS, DANIEL	
STREET ADDRESS	900 S.W. 84TH AVENUE, APT.	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, CARLOS	
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 215	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ-MARCANE, LEONARDO	
STREET ADDRESS	900 S.W. 84TH AVENUE, APT. 315	
CITY - ST - ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BLANCA, GEORGINA	
1.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 216	
1.4 CITY - ST - ZIP	MIAMI, FL 33144	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BARROS, LILIANA	
2.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 516	
2.4 CITY - ST - ZIP	MIAMI, FL 33144	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	FERNANDEZ - MARCANE, LEONARDO	
3.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 315	
3.4 CITY - ST - ZIP	MIAMI, FL 33144	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BLANCO, EVARISTA	
4.3 STREET ADDRESS	900 S.W. 84TH AVENUE APT. 211	
4.4 CITY - ST - ZIP	MIAMI, FL 33144	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ Date: 01/25/96 (305) 557-0711  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)